

ASSURANCE FORM

I, _____, certified that all students who received AP/IB test fee waivers were eligible based on the following guidelines:

1. Students on Free/ Reduced Lunch,
2. School Waiver policies (Board Rule R277-407),
3. Students in families receiving assistance under part A of title IV of the Social Security Act, or
4. Students eligible to receive medical assistance under the Medicaid program title XIX of the Social Security Act.
5. Students in families who meet free/reduced income guidelines.

AP Coordinator/ IB Coordinator:

Date:

Please Complete by, June 1st, 2011. Include a copy of your AP test invoice.

Send to:

Moya Kessig
Utah State Office of Education
250 East 500 South
P.O. Box 144200
Salt Lake City. Utah 84114-4200